Department of Employee Trust Funds WISCONSIN RETIREMENT SYSTEM ADMINISTRATION MANUAL

CHAPTER 10 — PRIOR YEAR (LATE REPORTED EARNINGS) ADJUSTMENTS

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1000 General Information

Occasionally, employers may need to submit an adjustment to an employee's previously reported WRS service and/or earnings or report previously unreported service and earnings. A contract settlement is a common example of late reported earnings; the settlement earnings must be reported back to the year they would have been paid had the contract been settled timely.

Prior year adjustments for correcting errors, making retroactive category changes, reporting retroactive earnings, grievance/reinstatement settlements and requesting refunds **must** be submitted on an *Employee Transaction Report* (ET-2533) or electronic media. See Chapter 12 for field specifications for electronic media reporting. Letters are not acceptable for reporting prior year adjustments.

WRS contributions plus interest may be due with many prior year adjustments. However, send no contributions with the *Employee Transaction Report*. Interest accrual stops when ETF receives the report. Upon receipt of the *Employee Transaction Report*, ETF will generate an invoice (or statement). These invoices, generated mid-month and mailed to the employer, indicate:

- > The amount owed, or
- > The amount to be credited, or
- A zero balance.
- ➤ How to remit the appropriate amount or subtract the amount from remittances, and
- The due date in order to avoid additional interest charges.

Wis. Stat. § 40.06 (5),

"Whenever it is determined that contributions...were not paid in the year when due, the amount to be paid shall be determined at the employee and employer contribution...rates in effect when the payment should have been made and increased by interest at the effective rate which would have been credited if the amount had been paid and deposited in the accumulation reserves of the fixed annuity division...at the time the contributions ...were due."

Both the employer and the employee may be liable for back payments. It is the responsibility of the employer to collect from the employee the amount which the employer would have had deducted from their paychecks had the amounts been paid when due, plus the corresponding interest. The employer may elect to pay part or all of the employee amounts. The employer remits any amount collected to ETF together with the balance of the amount owed.

NOTE: Time restrictions may apply to changing employees' employment category, crediting WRS service when none previously was reported and correcting previously reported service, earnings and/or contributions. (Refer to Subchapters 309 and 310 for specific exceptions, time restrictions and additional information.)

1001 Completion of Prior Year Adjustments on the Employee Transaction Report

All prior year adjustments must be submitted on an *Employee Transaction Report* (ET-2533). **See Table 10.1**, Subchapter 1002 for the appropriate action code to use when submitting late reported earnings. **See Table 10.2**, Subchapter 1003 for field specifications for each action code. Complete the following areas of the *Employee Transaction Report*:

A. REPORT DATE

Enter the date (MM/DD/CCYY) the report is sent to ETF.

B. PAGE NUMBER

Enter page numbers for multiple page reports.

C. EMPLOYER IDENTIFICATION NUMBER (EIN)

Enter the EIN (XXXX-XXX) as shown on the *Monthly Retirement Remittance Report* (ET-1515).

D. EMPLOYER NAME

Enter the employer name as shown on the *Monthly Retirement Remittance Report* (ET-1515).

E. SOCIAL SECURITY NUMBER

Enter the employee's Social Security number.

F. NAME/ADDRESS

Enter the employee's last name, first name and middle initial. Do not include an address.

G. EMPLOYMENT CATEGORY

Enter a two-digit employment category in the "Emp Cat" column for each employee listed. See Chapter 3, Subchapter 307 for detailed explanation of codes.

H. ACTION CODE

Enter a two-digit action code. See subchapter 1003 for valid Action Codes and required data elements. (Also see examples in Subchapter 1004).

I. TERMINATION/ACTION DATE

Use 12/31/CCYY of the prior year being adjusted.

J. JANUARY TO JUNE HOURS AND EARNINGS FOR TEACHERS/JUDGES/EDUCATIONAL SUPPORT PERSONNEL

Fiscal year hours and/or earnings should be included on the report <u>only</u> for teachers, judges or educational support personnel (categories 05, 07, 08, 10, 11, and 12).

NOTE: Only the difference (the amount of hours, earnings, or employee paid contributions to be added to or subtracted from what has already been reported) is reported on the transaction report.

K. HOURS AND EARNINGS FOR CALENDAR YEAR TO DATE

Enter the hours and/or earnings for January 1 through December 31 of the year being reported. This applies to all employment categories.

NOTE: Only the difference (the amount of hours, earnings, or employee paid contributions to be added to or subtracted from what has already been reported) is reported on the transaction report.

L. DEDUCTED FROM EMPLOYEE - EMPLOYEE PAID REQUIRED CONTRIBUTIONS

Enter the amount of money **actually paid by the employee**. This amount can never exceed the maximum Employee Required Contribution percentage for the category reported. Do not include the amount of Employee Required Contributions paid by the employer or the amount paid for the Benefit Adjustment Contribution. (**See M. below**.)

NOTE: Only the difference (the amount of hours, earnings, or employee paid contributions to be added to or subtracted from what has already been reported) is reported on the transaction report.

M. DEDUCTED FROM EMPLOYEE - EMPLOYEE PAID BENEFIT ADJUSTMENT CONTRIBUTION

Enter the amount of money **actually paid by the employee**. This amount can never exceed the maximum Benefit Adjustment Contribution percentage for the category reported. Do not include the amount of Benefit Adjustment Contributions paid by the employer or the amount deducted for the Employee Paid Required Contribution. (**See L. above**.)

NOTE: Only the difference (the amount of hours, earnings, or employee paid contributions to be added to or subtracted from what has already been reported) is reported on the transaction report.

N. EMPLOYER AGENT SIGNATURE

The employer's designated WRS agent must sign the report to certify its content. The signature is only required on the first page of the report. If reporting electronically, the agent must sign the electronic transmittal report.

O. PREPARED BY AND TELEPHONE NUMBER

Enter the full name and telephone number of the person who can answer questions concerning information on the report. This information is only required on the first page.

P. DATE

Enter the date (MM/DD/CCYY) the report is completed.

1002 Prior Year Action Code Description - Table 10.1

Table 10.1 Prior Year Action Code Descriptions

Action Code	Description
22	Used to report hours, earnings and/or employee paid contributions that result from a grievance or from an employee being reinstated to a position due to appeal. Include a copy of the award settlement with the transaction report. Refer to Chapter 13 for details.
23	Used to report retroactive earnings resulting from a contract settlement. Contact the Employer Communication Center at (608) 264-7900 to request a pre-printed list of employees.
24	Used to correct previously reported hours only.
25	Used to report hours, earnings, and/or employee paid contributions for military service under USERRA. (See Chapter 22 for additional information.
27	Used to subtract the amount of earnings and corresponding hours and/or employee paid contributions – if applicable. This code is also used to report subtractions to employee paid contributions.
28	Used in conjunction with a prior year employment category change. The transaction(s) will transfer prior year service and earnings from the incorrect employment category to the correct employment category.
29	Used to add the amount of earnings and corresponding hours and/or employee paid contributions – if applicable. This code is also used to report additions to employee paid contributions.

1003 Prior Year Reporting Field Requirements - Table 10.2

Table 10.2 Prior Year Adjustment Reporting Field Requirements

Report Field			Ac	tion Co	de		
	22	23	24	25	27	28	29
Report Date	R	R	R	R	R	R	R
Social Security Number	R	R	R	R	R	R	R
Name (Last, First, Middle Initial)	R	R	R	R	R	R	R
Employment Category	R	R	R	R	R	R	R
Action Code	R	R	R	R	R	R	R
Action Date	R	R	R	R	R	R	R
Last Earnings Date				R			
New Employment Category							
Teachers/Judges/Educational Support (Jan. – June Hours) ★	Α		Α	Α	Α	Α	Α
Teachers/Judges/Educational Support (Jan-June Earnings) ★	Α	Α		Α	Α	Α	Α
Calendar Year Hours	R		R	R	Α	R	Α
Calendar Year Earnings	R	R		R	Α	R	Α
Employee Paid EERC	Α	Α		Α	Α	Α	A
Employee Paid BAC	Α	Α		Α	Α	Α	A
Additional Contributions							

Key:

R= Required Fields

A= If Applicable

★= For Employment Categories 05, 07, 08, 10, 11, and 12 ONLY

Blank Fields = Leave blank.

1004 Examples of Prior Year Adjustments

The following examples of prior year adjustments are to assist in processing earnings, hours, and employee paid contribution adjustments. They include an explanation of each situation and an example showing how to complete the *Employee Transaction Report*.

You may request *Employee Transaction Reports* from our Supply and Mail Services office at (608) 266-3302, or order online in the Employer section of ETF's Internet site at http://etf.wi.gov. If you have any questions regarding employee transactions, please call the Employer Communication Center at (608) 264-7900.

Example Number	Reporting
1	Settlement Agreement
2	Contract Settlement for Teachers (Current and Prior Years)
3	Contract Settlement for Non-Teachers (Two Prior Years)
4	Hours Incorrectly Reported in a Prior Year
5	Hours, Earnings, and Employee Paid Contributions Over-Reported
6	Earnings Over-Reported
7	Employee Paid Employee Required Contributions Over-Reported
8	Employee Works Less Than 30 Calendar Days
9	Employee Category Change in Prior Year (Never Reported to ETF)
10	Employee Earnings Under Reported on a Previous Report
11	Employee was Not Enrolled (When they Should Have Been)
12	Reporting an Employee Termination Date for a Prior Year

Example 1 – Settlement Agreement

Department of Employee WISCONSIN RETIREME P.O. Box 7931 – Madison	NT SYSTEM 1, WI 53707-7931		. T	RANSA	MPLOY	RI		RT .		Date (MM/DD/C 4/15 er Name	5/2004	1		entification 1234	on No.	
Refer to your WRS Social Security No. NAME Last, First, Middle In Street Address or P.O. Box City, State, ZIP			Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl.	ting. 1-1- TEACHERSOUD Hours of Service	XX THRU 6-30-X GESIEDUC. SUPPORT PER EARNINK Dollars	SONNEL ONLY	Cale	School D	ate		quired	m Employee Benefit Adjustmer Contribution Dollars Ce	nt Add Con
123-45-678 Davis, Dav		10	22	12/31/2003						1,400	18,200	00				
123-45-678 Davis, Dav		10	22	12/31/2002						320	6,300	00				
SS#	each yea 12/31/20 be report	ttler The te a r th 003 ted.	ment ne em nn <i>Em</i> nat ho and mple	t, the emplo	oyer is orderst: ansaction and any are the action the grieva	Reportion	to reinfort with aployee a dates i	Action (paid cont ndicating ent agreer	mploy Code 2 ribution the princent was	2, and 12 ons are body years	2/31/CCY eing reports for which	Y as rted. Trans	the action In this ex rs and ean	n with n dat kamp rning	e for le s must	
I understand that Wis. Stat. § 943	3.395 provide criminal penaltic	es for la	nowingly r	making false or fraudul	ent Progr											
claims on this form, and hereby o is true and correct. Employer Agent Signature		ared b		ine above informat	Telephone No.	_	Pate (MM/DD/CC	if the er	mployee has 5 showing th	additional contr ne contribution a	ibutions, X this box mounts.	and attach	the Additional Co	ontribution	ns Report, form	 ■

Example 2 – Contract Settlement for Teachers for Current and Prior Years

١	Department of Employee Trust Funds WISCONSIN RETIREMENT SYSTEM P.O. Box 7931 – Madison, WI 53707-7931 Refer to your WRS Employer Administratio	n Ma	T nual for	RANSA	MPLOY CTION ployee transaction	RI	EPOR	I		Date (MM/DD/O 10/5/2004 er Name (S		ge No. 1 rict I	69-036 43		on No.	•
			Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	Hours of	XX THRU 6-30-XX sesieduc support person EARNINGS Dollars		Caler Hours of Service	edar Year to Dat EARNINGS Dollars		Employee Re Contribut	uired	m Employee Benefit Adjustm Contribution Dollars C	
	ss# 111-11-1111 Jones, Jack	10	23	12/31/2002							400	00	20	00		
	ss# 111-11-1111 Jones, Jack	10	23	12/31/2003				500	00		1000	00	50	00		
	It is October 5, 20 must:	04	and	a teacher c	ontract has	s jus	st been s	settled for s	choo	l years 2	002-03 an	d 200	03-04. Y	ou	-	
	Complete an <i>B</i> action dates for 264-7900 for a earnings. Use	or tl a pi	he pi re-pi sepai	rior years b rinted list o rate line for	eing adjus f employed r each prio	ted. e's i r ye	You n names a ear being	nay call the nd Social S g reported.	Emp	oloyer Co ity numb	ommunicat pers to repo	ion (ort th	Center at ese prior	(608 year	· !	
	◆ Add current you the teacher end due at the end ◆ Do not include	nplo of	the o	ent categor current yea	y 10 and rer.	epoi	rt these	amounts as	earn	ings on t	he annual	trans	saction re	port	n	
	the annual rep			· 							•					
L	I understand that Wis. Stat. § 943.395 provide criminal penalties claims on this form, and hereby certify that to the best of my kno is true and correct.	wledg	e and bei	naking false or fraudule ief, the above informati	on PAGE TOTALS	>	:									
	Employer Agent Signature Prepar	ired by	' .		Telephone No.		Date (MM/DD/CC			additional contri ne contribution ar	butions, X this box a nounts.	nd attach	the Additional Co	ntribution	ns Report, form	J

Example 3 – Reporting a Contract Settlement for Non-Teachers (Two Prior Years)

Department of Employee Trust Fur VISCONSIN RETIREMENT SYST P.O. Box 7931 – Madison, WI 537	EM	· T	EI RANSA	MPLOY			RT.		2/15/2 ar Name		1	Employer Identificat 69-036 3333-		
Refer to your WRS Employer Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box	Em	p Action	Termination/ Action Date	ployee transactio Last Earnings Date	New Empl.	TEACHERSOUD Hours of	XX THRU 6-30-XX SESSEDUC SUPPORT PERS	CONNEL ONLY		ndar Year to Da	te	Employee Required Contribution	om Employee Benefit Adjustmer Contribution	Contr.
City, State, ZIP SS# 333-33-3333 Crane, Carmen	0(-	12/31/2003	(MMA/DD/CCYY)	Code	Service	Dollars	Cents	Service	2,555	00	Dollars Cents	Dollars Ce	nts Xifye
333-33-3333 Crane, Carmen	1	23	12/31/2002							2,755	00			
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♦	the action	on da	Employee tes for each te line for e	ı year bein	g ad	justed.		Code	e 23 usin	ng 12/31/20	003 a	nd 12/31/200	02 as	
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I understand that Wis. Stat. § 943.395 provide claims on this form, and hereby certify that to to is true and correct. Employer Agent Signature	criminal penalties for in the best of my knowled	lge and bei	making false or fraudule lief, the above informati	PAGE TOTALS Telephone No.	<u>\</u>	ate (MM/DD/CC			additional contri		and attach	the Additional Contributi	ons Report, form	1

EXAMPLE 4 - Hours Reported Incorrectly In A Prior Year

WISCONSIN RET P.O. Box 7931 - N	nployee Trust Funds IREMENT SYSTEM Madison, WI 53707-7931			RANSA		RI	EPOR	I		Pate (MM/DD/C 4/15/2 er Name	2004	1	Employer Identifica 69-036 1234	ion No.		
Refer to your Social Security No NAME Last, First, M Street Address or F City, State, ZIP	Middle Initial		Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date	New Empl.	1-1-	XX THRU 6-30-XX ESEEUC. SUPPORT PERSO EARNINGS Dollars			Orange (Indar Year to EARNIN Dollars	Date	Deducted fr Employee Required Contribution Dollars Cents	Benefit A	oyee . Idjustment ribution Cents	Addīl. Contr.? X if yes
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EXAMPLE 5 - Correcting Over-Reported Hours, Earnings, and Employee Paid Contributions

Department of Employee Trust Funds MISCONSIN RETIREMENT SYSTEM P.O. Box 7931 – Madison, WI 53707-7931		· •	EI RANSA	MPLOY		-)T		Date (MM/DD/C 4/15/20	04	1	Employer lde	entificatio 234	n No.		
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Employer Agent Signature Pre	pared b	y		Telephone No.		Pate (MM/DD/CC			additional contri ne contribution as	ibutions, X this box a mounts.	nd attach	the Additional Co	ontribution	s Report, form	ı	

EXAMPLE 6 - Correcting Over-Reported Earnings

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Social Sec NAME Last	t, First, Middle Initial ress or P.O. Box		Action Code	Termination/ Action Date	Last Earnings Date (MM/DD/CCYY)	New Empl.	1-1- TEACHERSULD Hours of	XX THRU 6-30-) SESSEDUC. SUPPORT PE EARNIN Dollars	RSONNEL ONLY		dar Year to Dat		Employee Red Contribut	uired	n Employee . Benefit Adjustm Contribution Dollars C	
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EXAMPLE 7 - Correcting Over-Reported Employee-Paid Contributions

Department of Employee Trust Funds WISCONSIN RETIREMENT SYSTEM P.O. Box 7931 – Madison, WI 53707-7931 Refer to your WRS Employer Administra	ion Manual	TRANSA		RI	EPOR	RT	Report E	Pate (MAVDD/C 1/15/2004 er Name (Orange C	Page No. 1 ounty	Employer Ide 69-036	entification 234	ı No.	1
Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Act	Termination/ Action Date	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-	XX THRU 6-30-X GESEDUC SUPPORT PE EARNIN Dollars	SONNEL ONLY	Caler Hours of Service	ear to D EARNING Dollars		Dedu Employee Re Contribu Dollars	quired E	Employee - Benefit Adjustment Contribution Dollars Cen	Contr.?
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	◆ Sul	ree paid Empomit an <i>Emp</i> e. Subtract to su	loyee Tran	saci	tion Re _l	oort with .	Action	Code 2	7 and 12/	31/200	02 as the		n -	
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Employer Agent Signature Pre	pared by		Telephone No.		Date (MM/DD/CC	ET-253	mployee has 5 showing th	additional contri e contribution ar	butions, X this bo mounts.	x and attach	the Additional Co	ontributions	Report, form	J

EXAMPLE 8 - Employee Who Worked Less than 30 Calendar Days

Department of Employee Trust Funds WISCONSIN RETIREMENT SYSTEM P.O. Box 7931 – Madison, WI 53707-7	931	· • T	EI RANSA	MPLOY					2/05/2 er Name	2004	1	100-000	ntification 1234	on No.	
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888-88-8888 Anderson, Alice	00	0 03	10/30/2003							2		-			
SS#	30 cal Retire	lenda emen	vee began var days, mal	king them ce Reports	WR hav	S inelig e alreac	gible. It is a ly been file	now I d. Ta	February ake the f	2004 and ollowing a	all 2	003 WRS	S Mo	onthly	
◆ Due to the employee's WRS ineligibility their WRS account balances must be zeroed out and the account closed. To accomplish this, subtract all hours, earnings, and any employee paid contributions using Action Code 27 and 12/31/2002 as the action date. You will receive an invoice indicating the amount of your credit. ◆ Prepare an entry, on the same report, using Action Code 03 to close the account. Use the actual termination date, October 30, 2003, as the action date.															
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claims on this form, and nereby certify that to the be is true and correct. Employer Agent Signature	Prepared t		to, ale above shorman	Telephone No.	<u> </u>	Pate (MM/DD/CC		loyee has showing th	additional contri e contribution ar	butions, X this box a nounts.	nd attach	the Additional Co	ntribution	ns Report, form	

EXAMPLE 9 - Employee Category Change in a Prior Year (Change was Never Reported to ETF)

Refer to your WRS Employer Administration Namus for instructions on employee transaction reporting. Social Security No. Namus Employee Administration Namus for instructions or employee transaction reporting. Namus East, Risk Addison Initial Street Addison of Code (autococcy)	Department of Employee Trust Funds WISCONSIN RETIREMENT SYSTEM			EMPLOYEE							Date (MM/DD/C 4/15/2004		Page No.	Employer Idea 69-036 12	lo.		
Name Least First, Middle Initials Street Address or 70. Box Street Address or 70	Refer to your WRS Employer Administra			tion Manual for instructions on employee transaction reporting.													-
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Use Action Code 01 and the effective date of the new employment category as the action date (in this example, May 1,	L	**				•		•	•			n the inco	rrect	employm	ent ca	tegory.	
Emd 2002).	da	Use Action Code 01 a															
	Em	2002).															J

EXAMPLE 10 - Employee's Hours and Earnings were Under-Reported on a Previous Report

		on Mar	T nual for	RANSA	MPLOY CTION ployee transaction	RI	EPOR		1() Employ		Orange C	1 ounty	Employer Ident 69-036 12.	34	L		
Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP			Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code		XX THRU 6-30-XX SESEDUC. SUPPORT PER EARNING Dollars	CONNEL ONLY	Caler Hours of Service	ndar Year to Di EARNING Dollars		Employee Requi		fit Adjustr ontributio		Addī. Contr.? X if yes
858-58	-5858 , Nellie	00	29	12/31/2002						200.00	1800	00			18	00	
858-58 Nelsor	3-5858 n, Nellie	00	29	12/31/2001	,					200.00	1550	00			15	50	
SS#	An employee's h You must: Submit an H each year yo Report only applicable)	Emp ou a the	<i>loye</i> re a	e Transacti djusting (in litional hou	ion Report this exam	wit iple,	h Actio , 2001 a ling earr	on Code 29 nd 2002). nings, and	and ample	12/31/Co	CYY as th l contribu	ne acti	on date fo				
SS#																	_
I understand that Wis. Stat claims on this form, and he is true and correct.	t. § 943,395 provide criminal penaltie preby certify that to the best of my kn	s for kn	owingly i	making false or fraudule lef, the above informati	on PAGE TOTALS	>	:									<u></u>	
Employer Agent Signatur	re Prepa	ared by			Telephone No.		Pate (MM/DD/CC	YY) If the en	ployee has showing th	additional contri ne contribution ar	butions, X this box mounts.	and attach	the Additional Cont	ributions Rep	ort, form		

EXAMPLE 11 - Employee was not Enrolled/Reported

Department of Employee T WISCONSIN RETIREMEN P.O. Box 7931 – Madison, Refer to your WRS	T SYSTEM	on Ma		RANSA		R	EPOR	RT		Date (MM/DD/C 10/15/200 ver Name (1	Employer Identifica 69-036 1234	ation No.		
Social Security No. NAME Last, First, Middle Init Street Address or P.O. Box City, State, ZIP		Emp	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-	XX THRU 6-30-XX GESIEDUC SUPPORT PERS EARNINGS Dollars		Calen Hours of Service	dar Year to Date EARNINGS Dollars	e Cents	Deducted to Employee Required Contribution Dollars Centri	Contribution		Addī. Contr.'s X if ye
434-34-34 Donna Do				12/31/2003						750.00	18000	00		180	00	'
434-34-34 Donna Do		00	29	12/31/2002						650.00	15500	00		150	00	
SS#	 The employ Complete particip Complete and 200 A separathe two Contribution 	ete atinete ()2.	was and ng e an E trar evio	hired Marc submit a W imployment imployee The asaction is a us years you	ch 6, 2002 (RS Enroll) began. ransaction needed for u are repo- ent year's	. Yo men Rep eac rting	ou must t, ET-2. port with h year. g.	:: 316, indict h Action (Use 12/31	ing M C ode : /2003	1 arch 6, 2 29 to rep 3 and 12/	2002 as the ort hours a 31/2002 as	date date and e	eir date of hi e WRS arnings for 2 action dates	2003 for		<u></u>
SS# I understand that Wis. Stat. § 943.3 claims on this form, and hereby cer	♦ Report	the	200	port, ET-15 4 hours and	d earnings	on t	the 2004	4 Annual F	Repor	t.						
is true and correct. Employer Agent Signature	Prepa	red by			Telephone No.		date (MM/DD/CC			s additional contrit he contribution an		nd attach	the Additional Contribu	tions Report, fo	m	لُ

EXAMPLE 12 - Reporting an Employee's Termination Date for a Prior Year

Department of Employee Trust Fur WISCONSIN RETIREMENT SYST P.O. Box 7931 – Madison, WI 537	EM 07-7931	, . 1	RANSA	MPLOY	RI	EPOR	r T		Date (MM/DD/C) 4/15/200 er Name			ification No. 234		,
Refer to your WRS Employe	r Administration I	Manual fo	r instructions on en	nployee transactio	n repor	rting.	XX THRU 6-30-X	<u> </u>	Colon	dar Year to Date		ed from Emp	Hovee	
Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box	E	mp Action	Termination/ Action Date	Last Earnings Date	New Empl. Code	Hours of	EARNING Dollars	SONNEL ONLY	Hours of Service	EARNINGS Dollars Cent	Employee Requi	ired Benefi	t Adjustment ntribution	Addī. Contr.? X if yes
SS# 878-78-7878 Michelle Micha County Road X Madison, WI 5:	els		09/16/2003	,		Carrio	DOMES	Cerus	Carrac	DOMESTS CON	Domais C	ones Dones	3 Com	7.1700
SS#				,										
SS#	you forgot to terminate the employee. You must: ◆ Complete an <i>Employee Transaction Report</i> with Action Code 01 . ◆ Enter the termination date (9/16/2003) in the Termination/Action Date column													
SS#								,	•					
I understand that Wis. Stat. § 943.395 provide claims on this form, and hereby certify that to to to true and correct.	criminal penalties fo	r knowingly	making false or frauduli	ent PAGE TOTALS	>									
Employer Agent Signature	Prepared	i by		Telephone No.	-	Date (MM/DD/CC	YY) If the er ET-253	nployee has 5 showing th	additional contrit e contribution an	outions, X this box and atta nounts.	ach the Additional Con	ributions Repo	ort, form	J